Recopy of 78

WEIGHT RECORDED BY

Howe Richardson

Number 112416 Date .....

IDENTIFICATION	WEIGHT
2 0 9 5 5 1 2 78	0 0 0 2 8 0 lbs. GROSS
1 1 3 5 5 1 2 78	0 4 3 6 8 0 lbs. TARE
	36600 lbs. NET

Commodity WASTE WATER @ ..... per lb.

Remarks: ..... Driver On [ ] Off [ ]

..... Load No. .....

..... Weigher .....

Shipper Allied Chemical

Seller / Buyer Scientific Chemical

Address .....

TR-200-5 Printed in U.S.A.

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — Not Negotiable

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

From ALLIED CHEMICAL CORPORATION C29890

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purposes of notification only.)

SCIENTIFIC CHEMICALS INC
WILSON AVENUE
NEWARK NEWJERSEY

DATE SHIPPED

Name of Carrier: ALLIED ELIZABETHNEWJERSEY — Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $ _____ to apply in prepayment of the charges on the property described hereon.
Agent or Cashier, Per _____

Charges Advanced $ _____ (The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND

If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.: [illegible]

CAR OR VEHICLE INITIALS & NO.:

LOC. SHIPPING NO.: 30[illegible]

CASH 30 DAYS

ROUTE ORIG B/T

BUYERS TRK

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) NET	CLASS OR RATE	√
1TT	HALAR WASTE PROCESS OLUTION FOR DISPOSAL NOT REGULATED			

IN THE EVENT OF AN EMERGENCY CONCERNING THE HAZARDOUS MATERIALS IN THIS SHIPMENT CALL TOLL FREE NUMBER 800-424-9300 DAY OR NIGHT

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHELL GALLONAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

†This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

ALLIED CHEMICAL CORP.

Shipper Per _____

Permanent post office address of shipper is 100NORTHAVEEASTELIZAB ETNJ

This Shipment is Correctly Described.
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau having jurisdiction according to agreement.

_____ Agent
Per H. Manuel

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

same as INV. 7-6

SPECIAL WASTE MANIFEST

A 67129

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [redacted] Pick-Up Date 07 / 12 / 78 (MO. / DAY / YR.)
Company Name [redacted]
Pick-Up Address [redacted]
Name of Hauler [redacted] Address [redacted]
Name of Facility [redacted] Address [redacted]
Handling Instructions Emergency Spill Phone Nos. 609-292-5580 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons; use P for pounds and G for gallons)	Unit of Measure
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramafors, Amines, Mercaptans, Amides					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB,PBB Contaminated Materials					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted]		L	T	36,600	P
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge
Date _____ Signature and Title _____

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number
Date 7/12 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date _____ Signature _____ Vehicle License Plate Number [redacted]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received ___/___/___ ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E — GENERATOR COPY

WEIGHT RECORDED BY

Howe Richardson

Number 5 Date 5/1/78

IDENTIFICATION	WEIGHT	
115-20		
[illegible]	061700	lbs. GROSS
[illegible]	026220	lbs. TARE
	35480	lbs. NET

Commodity ..... @ ..... per lb.

Remarks: ..... Driver On [ ] Off [ ]

..... Load No. .....

..... Weigher .....

Shipper .....

Seller
Buyer .....

Address .....

TR-200-5 Printed in U.S.A.

Sent as INV 5-4

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 55731

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Pick-Up Date: MO DAY YR

Name of Facility: Address:

Handling Firm: Emergency Spill Phone Nos.: 609-292-5580 609-292-7172

	Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Cost per Gallon
1.	Acid Solution					
2.	Alkaline Solution					
3.	Arsenic Residues					
4.	Cyanide Residues					
5.	Cyanide Residues, reactive					
6.	Chlorinated (Dioxin, Furan) Residues					
7.	Etching, Pickling, & Plating Residues					
8.	Explosive Residue					
9.	Filter Clays, Filter Aids					
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues					
11.	Heavy Metal Residue					
12.	Organic and Heavy Metal Residue Mixture					
13.	Latex Residue					
14.	Peroxide					
15.	Oil and Oil Sludges, Emulsions					
16.	Paint and Pigment Residues					
17.	Pesticides					
18.	Pharmaceutical Wastes (Drugs, etc.)					
19.	Lacramators, Amines, Mercaptans, Amide					
20.	Plasticizer, Resin, Monomer Elastomer Residues					
21.	PCB,PBB Contaminated Material					
22.	Solvent, Halogenated Organic					
23.	Solvent, Mixed					
24.	Still Bottoms					
25.	Radioactive Residue					
26.	Tetraethyl Lead Residues					
	Other (See Instructions):					
27.	K [illegible]		LT		35450	P
28.						
29.						
30.						

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 5/1/78 Signature and Title [illegible]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me: State Unit Number
Date 5/1/78 Signature [illegible] Vehicle License Plate Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler Address
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section IV.
Date Signature Vehicle License Plate Number

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility Address
Registration Number Date Waste Received / / ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date Signature and Title

E — GENERATOR COPY

Form VHW-001
2/78

DEPARTMENT OF ENVIRONMENTAL PROTECTION

SOLID WASTE ADMINISTRATION

1HV 5-10

SPECIAL WASTE MANIFEST

No. 55732

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification [redacted] Pick-Up Date MO 05 DAY 13 YR 78

Company Name [redacted]

Pick-Up Address [redacted] 2851 ELIZABETH AVE

Name of Hauler [redacted] Address [redacted]

Name of Facility [redacted] Address [redacted]

Emergency Spill Phone Nos: 609-292-5560 or 609-292-7172

Handling Instructions

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity (Identify units in pounds or gallons; use P for pounds and G for gallons)	Code
1. Acid Solutions					
2. Alkaline Solutions					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB, PBB Contaminated					
22. Solvent, Halogenated					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted] METHANOL		L	T	55,440	9
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

(a) [redacted]

(b)

I certify that the above information is correct to the best of my knowledge.

Date 6/13/78 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State and Number

Date 6/13/78 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler [redacted] Address [redacted]

I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section IV.

Date 6/13/78 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility [redacted] Address [redacted]

Registration Number [redacted] Date Waste Received [redacted] Accepted Rejected

I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date [redacted] Signature and Title [redacted]

E — GENERATOR COPY

Form VHW-003
2/88

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

INV 6-3

E

SPECIAL WASTE MANIFEST

A 55735

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Phone Identification [redacted] Pick-Up Date 06 / 01 / 88 (MO / DAY / YR)

Company Name [redacted]

Pick-Up Address [redacted]

Name of Hauler [redacted] Address [redacted]

Name of Facility [redacted] Address [redacted]

Handling Instructions Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons; use P for pounds and G for gallons)	Unit of Measure
1. Acid Solution					
2. Alkaline Solutions					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residues					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amides					
20. Plasticizer, Resin, Monomers, Elastomer Residues					
21. PCB,PBB Contaminated Materials					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted]	2	T		36,580	P
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

(G) 36580

[redacted]

I certify that the above information is correct to the best of my knowledge.
Date 6/1/88 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number
Date 6/1/88 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler [redacted] Address [redacted]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date 6/1/88 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility [redacted] Address [redacted]
Registration Number [redacted] Date Waste Received [redacted] ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date [redacted] Signature and Title [redacted]

E – GENERATOR COPY

WEIGHT RECORDED BY

Howe Richardson

Number XMB30-C 121 Date 6/28/78

IDENTIFICATION	WEIGHT	
[redacted]	67460	lbs. GROSS
[redacted]	29380	lbs. TARE
	38080	lbs. NET

Commodity waste water @ per lb.

Remarks: # pellets Driver On [ ] Off [ ]

Load No.

Weigher

Shipper allied chem

Seller
Buyer S.C.P.

Address Newark NJ.

TR-200-5 Printed in U.S.A.

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — Not Negotiable

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

From ALLIED CHEMICAL CORPORATION C29893

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purposes of notification only.)

CONTRACT NO. T0000662

SCIENTIFIC CHEMICALS INC
WILSON AVENUE
NEWARK NEWJERSEY

DATE SHIPPED

At ELIZABETHNEW JERSEY

Name of Carrier | Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $_____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier, Per _____

Charges Advanced $ _____ (The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND

If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.	CAR OR VEHICLE INITIALS & NO.	LOC. SHIPPING NO.
		30!

ROUTE: NET 30 DAYS
ORIG B/T
BUYERS TRK

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) NET	CLASS OR RATE	✓
1TT	HALAR WASTE PROCESS SOLUTION FOR DISPOSAL NOT REGULATED			

IN THE EVENT OF ANY EMERGENCY CONCERNING THIS SHIPMENT CALL 800-424-9300 [illegible] IS IN NUMBER

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHELL GALLONAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

†This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

J. Pelote Agent

ALLIED CHEMICAL CORP.

Shipper Per _____

Permanent post office address of shipper is
100NORTHAVEASTELIZABET

This Shipment is Correctly Described.
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau having jurisdiction according to agreement.

Per _____

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.
RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

From ALLIED CHEMICAL CORPORATION PLANT

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purposes of notification only.)

[illegible] CHEMICAL CORP.
SCIENTIFIC CHEMICAL INC
WILSON AVENUE
NEWARK NEW JERSEY
[illegible]

DATE SHIPPED

ALIZABETHNEWJERSEY

Name of Carrier | Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $_____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier, Per _____

Charges Advanced $

(The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."

NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND

If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.	CAR OR VEHICLE INITIALS & NO.	LOC. SHIPPING NO.
		73

ROUTE CRIB COLL

BUYER TFUCK

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) NET	CLASS OR RATE	V
1TT	HALAR WASTE PROCESS SOLUTION FOR DISPOSAL NOT REGULATED			
			50	

IN CERNING THE NA... THIS SHIPMENT CALL TOLL FREE 800-424-9300 DAY OR NIGHT

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHELL TONNAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

‡This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

ALLIED CHEMICAL CORP.

Shipper Per _____

Permanent post office address of shipper is

[illegible]NORTHAVRAST ELIZABETH NJ

This Shipment is Correctly Described.
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau having jurisdiction according to agreement.

_____ Agent

Per R Dorkins

Form VHW-401
2/88

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

IN 8-60

E

SPECIAL WASTE MANIFEST

A 55740

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification [redacted] Pick Up Date 8 / 26 / 88 (MO / DAY / YR)
Company Name [redacted]
Pick Up Address [redacted]
Name of Hauler [redacted] Address [redacted]
Name of Facility [redacted] Address [redacted]
Handling Instructions Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons: use P for pounds and G for gallons)	Pounds or Gallons
1. Acid Solutions					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB,PBB Contaminated Material					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted] Mixed Hydrocarbons in #20		S	T		P
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 6/27/88 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Unit or Number
Date _____ Signature _____ Vehicle License Plate Number

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date _____ Signature _____ Vehicle License Plate Number

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received ___/___/___ ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E – GENERATOR COPY

Form VHW6601

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 55733

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [redacted] Pick-Up Date MO: DAY YR:

Company Name [redacted]

Pick-Up Address [redacted]

Name of Hauler _____ Address _____

Name of Facility _____ Address _____

Handling Instructions: Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons: use P for pounds and G for gallons)	Pounds or Gallons
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amides					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB,PBB Contaminated Materials					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. [illegible]		L	T	16,300	P
28.				16,300	
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

[redacted]

I certify that the above information is correct to the best of my knowledge.
Date _____ Signature and Title _____

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State and Number
Date 5/10/76 Signature Robert Miller Vehicle License Plate Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date _____ Signature _____ Vehicle License Plate Number

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received _____ Accepted Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E – GENERATOR COPY

Form VHW-001
2/78

DEPARTMENT OF ENVIRONMENTAL PROTECTION

SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 55734

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification [redacted] Pick-Up Date 5 / 23 / 78
MO. DAY YR.

Company Name [redacted]

Pick-Up Address [redacted] EAST ELIZABETH, N.J. 07201

Name of Hauler [redacted] Address [redacted]

Name of Facility [redacted] Address [redacted]

Emergency Spill Phone Nos. 609-292-5560 or 609-292-7172

Handling Instructions

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity (Identify units in pounds or gallons; use P for pounds and G for gallons)	Code
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residues					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB,PBB Contaminated [redacted]					
22. Solvent, Halogenated [redacted]					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead, Residues					
Other (See Instructions)					
27. X [redacted]		L	T	33090	
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 5/23/78 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me Shown on Number
Date 5/23/78 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section IV.
Date _____ Signature _____ Vehicle License Plate Number

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received ___/___/___ Accepted Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E – GENERATOR COPY

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.
RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

From ALLIED CHEMICAL CORPORATION

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purpose of notification only.)

SCIENTIFIC CHEMICAL INC
WILSON AVENUE
NEWARK NEWJERSEY

DATE SHIPPED

ELIZABETH NEWJERSEY

Name of Carrier | Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $_____ to apply in prepayment of the charges on the property described hereon.
Agent or Cashier, Per

Charges Advanced $

(The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND
If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.	CAR OR VEHICLE INITIALS & NO.	LOC. SHIPPING NO.
		73

ROUTE ONE CALL

BUYER TRUCK

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) NET	CLASS OR RATE	V
	1TT HALAR WASTE PROCESS SOLUTION FOR DISPOSAL NOT REGULATED			

IF CERTIFIED THIS SHIPMENT CALL 800-424-9300 DAY OR NIGHT FOR FILL NUMBER

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHELL GALLONAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

†This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

ALLIED CHEMICAL CORP.

Shipper Per_____

Permanent post office address of shipper is
100NORTHAVEAST ELIZABETH NJ

This Shipment is Correctly Described.
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau having jurisdiction according to agreement.

_____ Agent
Per Theatis Jones

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.
RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

From ALLIED CHEMICAL CORPORATION

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purposes of notification only.)

SCIENTIFIC CHEMICAL INC
WILSON AVENUE
NEWARK NEWJERSEY

DATE SHIPPED

At ELIZABETHNEWJERSEY

Name of Carrier

Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $_____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier, Per _____

Charges Advanced $

(The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND
If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.

[redacted]

CAR OR VEHICLE INITIALS & NO.

LOC. SHIPPING NO.

73

ROUTE

ONIO COLL

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) NET	CLASS OR RATE	V
1TT	HALAR WASTE PROCESS SOLUTION FOR DISPOSAL	NOT REGULATED		
			D	

IN THE CERNING THE THIS SHIPMENT, CALL 800-424-9300 DAY OR NIGHT

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHELL OR GALLONAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

†This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.
This certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

ALLIED CHEMICAL CORP.

Shipper Per _____

Permanent post-office address of shipper is

100NORTHAVEAST ELIZABETH NJ

This Shipment is Correctly Described.
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau of the jurisdiction according to agreement.

_____ Agent

Per _____

Form VHW-001
2/78

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 55736 6-14

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification No. [redacted] Pick-Up Date MO. DAY YR.
Company Name [redacted] East Brunswick N.J.
Pick-Up Address [redacted]
Name of Hauler [redacted] Address [redacted]
Name of Facility [redacted] Address [redacted]
Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172
Handling Instructions [redacted]

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity Identify units in pounds or gallons use P for pounds and G for gallons	Pounds or Gallons
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Solutions, Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residues					
8. Explosive Residues					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer Elastomer Residues					
21. PCB,PBB Contaminated [redacted]					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted]		E	T		P
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 6/8/79 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State ID Number
Date 6/8/79 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date _____ Signature _____ Vehicle License Plate Number _____

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received ___/___/___ ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E — GENERATOR COPY

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.
RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

From ALLIED CHEMICAL CORPORATION

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purposes of notification only.)

SCIENTIFIC CHEMICAL INC
WILSON AVENUE
NEWARK NEW JERSEY

DATE SHIPPED

At ELIZABETH NE W JERSEY
Name of Carrier | Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $_____ to apply in prepayment of the charges on the property described hereon.
Agent or Cashier, Per _____

Charges Advanced $ _____ (The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND
If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.	CAR OR VEHICLE INITIALS & NO.	LOC. SHIPPING NO.

ROUTE

BUYER T_UCK

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) GROSS	NET	CLASS OR RATE	√
	1TT HALAR WASTE PROCESS SOLUTION FOR DISPOSAL NOT REGULATED				

IN THE EVENT OF EMERGENCY CONCERNING THIS SHIPMENT OF HAZARDOUS MATERIALS CALL TOLL FREE 800-424-9300 DAY OR NIGHT
CHEMTREC NUMBER

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHELL OR LOADAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation.
This certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

ALLIED CHEMICAL CORP.

Shipper Per _____

Permanent post office address of shipper is

100NORTHAVEAST ELIZABETH NJ

This Shipment is Correctly Described.
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau having jurisdiction according to agreement.

_____ Agent

Per _____

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 55737

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification [redacted] Pick-Up Date 06/16/92 (MO/DAY/YR)
Company Name [redacted]
Pick-Up Address [redacted]
Name of Hauler [redacted] Address [redacted]
Name of Facility [redacted] Address [redacted]
Handling Instructions: Emergency Spill Phone No.: 609-292-3560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons: use P for pounds and G for gallons)	
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer Elastomer Residues					
21. PCB,PBB Contaminated [redacted]					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted]	L	F	37040	P	
28.					
29.					
30.					

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 6/16/92 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date 6/16/92 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler [redacted] Address [redacted]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section IV.
Date _____ Signature _____ Vehicle License Plate Number [redacted]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received ___/___/___ ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.
RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading.

From ALLIED CHEMICAL CORPORATION

T40223

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.
Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO (Mail or street address of consignee—For purposes of notification only.)

SCIENTLRIC CHEMICAL INC
WILSON AVENUE
NEWARK NEW JERSEY

DATE SHIPPED

At ELIZABETHNEWJERSEY
Carrier

Carrier's No.

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Rec'd $_____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier, Per

Charges Advanced $

(The signature here acknowledges only the amount prepaid.)

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight."
NOTE— Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.
The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding 50¢ Per POUND
If lower freight charges do not result, the release will be deemed not to have been executed.

CUSTOMER ORDER NO.

CAR OR VEHICLE INITIALS & NO.

LOC. SHIPPING NO. 75

ROUTE CRIS COLL

NO. OF PKGS.	DESCRIPTION OF ARTICLES	*WEIGHT (SUBJECT TO CORRECTION) NET	CLASS OR RATE	✓
1TT	HALAR WASTE PROCESS SOLUTION FOR DISPOSAL NOT REGULATED			
			U	

THIS SHIPMENT CONT... OF ANY EMERGENCY
800-424-9300 DAY OR NIGHT

CAR LOADED TO: ☐ FULL VISIBLE OR CUBICAL CAPACITY ☐ FULL SHOW GALLONAGE CAPACITY ☐ WEIGHT CARRYING CAPACITY

†"Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission."

ALLIED CHEMICAL CORP.

Shipper Per_____

Permanent post office address of shipper is

100 NORTHEAST ELIZABETHE

This Shipment is Correctly Described
Correct weight is _____ Lbs.
Subject to verification by the Weighing & Inspection Bureau having jurisdiction according to agreement.

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. This Certificate will have no application for bulk shipments in cargo tanks supplied by the carrier.

_____ Agent

Per _____

Form VHW-001
2/78

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

E

SPECIAL WASTE MANIFEST **A 67131**

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification Number [4][ ][ ][ ][ ] Pick-Up Date [ ][ ]/[ ][ ]/[ ][ ] MO. DAY YR.

Company Name _____

Pick-Up Address _____

Name of Hauler _____ Address _____

Name of Facility _____ Address _____

Handling Instructions:

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons
1. Acid Solution					
2. Alkaline Solution					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB,PBB Contaminated Materials					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27.					
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

Rejected Amount

I certify that the above information is correct to the best of my knowledge.
Date _____ Signature and Title _____

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date _____ Signature _____ Vehicle License Plate Number State [ ] Number [ ]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____

I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I
Date _____ Signature _____ Vehicle License Plate Number [ ][ ] [ ][ ][ ][ ][ ][ ]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____

Registration Number [ ][ ][ ][ ][ ] Date Waste Received [ ][ ]/[ ][ ]/[ ][ ] [ ] Accepted [ ] Rejected

I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E – GENERATOR COPY

Form VHW-001
2/18

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST A 55739

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification [redacted] Pick-Up Date 11 / 16 / 21 / 17 (MO. DAY YR.)
Company Name [redacted]
Pick-Up Address [redacted]
Name of Hauler [redacted] Address [redacted]
Name of Facility [redacted] Address [redacted]
Handling Instructions: Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Hazard ID.	Total Quantity (Identify units in pounds or gallons use P for pounds and G for gallons)	Pounds or Gallons
1. Acid Solutions					
2. Alkaline Solutions					
3. Arsenic Residues					
4. Catalyst Residues					
5. Cyanide Residues					
6. Chlorinated (Dioxin, Furan) Residues					
7. Etching, Pickling, & Plating Residue					
8. Explosive Residue					
9. Filter Clays, Filter Aids					
10. Ester, Alcohol, Ether, Ketone, Glycol Residues					
11. Heavy Metal Residue					
12. Organic and Heavy Metal Residue Mixture					
13. Latex Residue					
14. Peroxide					
15. Oil and Oil Sludges, Emulsions					
16. Paint and Pigment Residues					
17. Pesticides					
18. Pharmaceutical Wastes (Drugs, etc.)					
19. Lacramators, Amines, Mercaptans, Amide					
20. Plasticizer, Resin, Monomer, Elastomer Residues					
21. PCB,PBB Contaminated					
22. Solvent, Halogenated Organic					
23. Solvent, Mixed					
24. Still Bottoms					
25. Radioactive Residue					
26. Tetraethyl Lead Residues					
Other (See Instructions)					
27. X [redacted] Methanol in H2O	2	T	[redacted]	420	P
28.					
29.					
30.					

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date 11/17 Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number
Date 11/17 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler _____ Address _____
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date 11/21 Signature [redacted] Vehicle License Plate Number [redacted]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility _____ Address _____
Registration Number _____ Date Waste Received ___/___/___ ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date _____ Signature and Title _____

E — GENERATOR COPY

Form [illegible]

DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 67132

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification [redacted] Pick-Up Date 08/02/79 MO. DAY YR.
Company Name [redacted]
Pick-Up Address [redacted] East Elizabeth N.J.
Name of Hauler [redacted]
Name of Facility [redacted]

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Handling Instructions [illegible]

	Waste Type	Number of Containers	Physical State	Hazard I.D.	Total Quantity — Identify units in pounds or gallons; use P for pounds and G for gallons	Pounds or Gallons	SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR
1.	Acid Solutions						
2.	Alkaline Solutions						
3.	Arsenic Residues						
4.	Catalyst Residues						
5.	Cyanide Residues						
6.	Chlorinated (Dioxin-Furan) Residues						
7.	Etching, Pickling, & Plating Residues						
8.	Explosive Residues						
9.	Filter Clays, Filter Aids						
10.	Ester, Alcohol, Ether, Ketone, Glycol Residues						
11.	Heavy Metal Residue						
12.	Organic and Heavy Metal Residue Mixture						
13.	Latex Residue						
14.	Peroxide						
15.	Oil and Oil Sludges, Emulsions						
16.	Paint and Pigment Residues						
17.	Pesticides						
18.	Pharmaceutical Wastes (Drugs, etc.)						
19.	Lacramators, Amines, Mercaptans, Amides						
20.	Plasticizer, Resin, Monomer, Elastomer Residues						
21.	PCB, PBB Contaminated Materials						
22.	Solvent, Halogenated Organic						
23.	Solvent, Mixed						
24.	Still Bottoms						
25.	Radioactive Residue						
26.	Tetraethyl Lead Residues						
	Other (See Instructions)						
27.	X [illegible] METHANOL IN H2O		L	T	39500	P	
28.							
29.							
30.							

I certify that the above information is correct to the best of my knowledge.
Date 8/2/79 Signature and Title [signature]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me.
Date [illegible] Signature [signature] Vehicle License Plate Number State [illegible] Number [illegible]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler ________ Address ________
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date ________ Signature [signature] Vehicle License Plate Number [illegible]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility ________ Address ________
Registration Number ☐☐☐☐☐ Date Waste Received ☐☐/☐☐/☐☐ ☐ Accepted ☐ Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date ________ Signature and Title ________

E — GENERATOR COPY

Form VHW-001

DEPARTMENT OF ENVIRONMENTAL PROTECTION

SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

No. 87133

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Plant Identification | | | | | | Pick-Up Date 6 / 16 / 24 (MO / DAY / YR)

Company Name

Pick-Up Address

Name of Facility

Address

Emergency Spill Phone Nos.: 609 292 3560 or 609 292 7172

Waste Type	Number of Containers	Physical State	Hazard ID	Total Quantity (Identify units in pounds or gallons; use P for pounds and G for gallons)
1. Acid Solutions				
2. Alkaline Solutions				
3. Arsenic Residues				
4. Catalyst Residues				
5. Cyanide Residues				
6. Chlorinated (Dioxins, Furans) Residues				
7. Etching, Pickling, & Plating Residues				
8. Explosive Residue				
9. Filter Clays, Filter Aids				
10. Ester, Alcohol, Ether, Ketone, Glycol Residues				
11. Heavy Metal Residue				
12. Organic and Heavy Metal Residue Mixture				
13. Latex Residue				
14. Peroxide				
15. Oil and Oil Sludges, Emulsions				
16. Paint and Pigment Residues				
17. Pesticides				
18. Pharmaceutical Wastes (Drugs, etc.)				
19. Lacramators, Amines, Mercaptans, Amide				
20. Plasticizer, Resin Monomers, Elastomer Residue				
21. PCB,PBB Contaminated Materials				
22. Solvent, Halogenated				
23. Solvent, Mixed				
24. Still Bottoms				
25. Radioactive Residue				
26. Tetraethyl Lead Residues				
Other (See Instructions)				
27. X				
28.				
29.				
30.				

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.

Date 6/16/24 Signature and Title

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. Shipment or Manifest Number

Date 6-16-24 Signature Vehicle License Plate Number

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler Address

I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.

Date Signature Vehicle License Plate Number

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility Address

Registration Number Date Waste Received / / Accepted Rejected

I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date Signature and Title

E — GENERATOR COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION

SOLID WASTE ADMINISTRATION

SPECIAL WASTE MANIFEST

A 67135

SECTION I TO BE COMPLETED BY THE SPECIAL WASTE GENERATOR

Pick-Up Date 09 / [redacted] / 22
MO. DAY YR.

Phone Number [redacted]

Contact Name [redacted]

Pick-up Address [redacted] Point Pleasant N.J.

Name of Hauler [redacted] Address [redacted]

Name of Facility [redacted] Address [redacted]

Emergency Spill Phone Nos.: 609-292-5560 or 609-292-7172

Waste Type	Number of Containers	Physical State	Unit of Measure	Total Quantity. Identify units in pounds or gallons use P for pounds and G for gallons
1. Acid Solution				
2. Alkaline Solution				
3. Arsenic Residues				
4. Catalyst Residues				
5. Caustic Residues				
6. Chlorinated (Dioxin, Furan) Residues				
7. Etching, Pickling, & Plating Residue				
8. Explosive Residue				
9. Filter Clays, Filter Aids				
10. Ester, Alcohol, Ether, Ketone, Glycol Residues				
11. Heavy Metal Residue				
12. Organic and Heavy Metal Residue Mixture				
13. Latex Residue				
14. Peroxide				
15. Oil and Oil Sludges, Emulsions				
16. Paint and Pigment Residues				
17. Pesticides				
18. Pharmaceutical Wastes (Drugs, etc.)				
19. Lacramators, Amines, Mercaptans, Amide				
20. Plasticizer, Resin, Monomer, Elastomer Residues				
21. PCB, PBB Contaminated Material				
22. Solvent, Halogenated Organic				
23. Solvent, Mixed				
24. Still Bottoms				
25. Radioactive Residue				
26. Tetraethyl Lead Residues				
Other (See Instructions)				
27. X [redacted]	[redacted]	[redacted]	[redacted]	[redacted]
28.				
29.				
30.				

SECTION V TO BE COMPLETED BY THE SPECIAL WASTE FACILITY OPERATOR

I certify that the above information is correct to the best of my knowledge.
Date [redacted] Signature and Title [redacted]

SECTION II TO BE COMPLETED BY THE SPECIAL WASTE HAULER

I certify that the described quantity of material (s) listed in Section I was collected by me. State Number
Date [redacted] Signature [redacted] Vehicle License Plate Number [redacted]

SECTION III TO BE COMPLETED BY THE SPECIAL WASTE HAULER

Name of Hauler [redacted] Address [redacted]
I certify that the described quantity of material (s) listed in Section I was hauled by me to the Special Waste Facility named in Section I.
Date [redacted] Signature [redacted] Vehicle License Plate Number [redacted]

SECTION IV TO BE COMPLETED BY THE SPECIAL WASTE FACILITY

Name of Facility [redacted] Address [redacted]
Registration Number [redacted] Date Waste Received [redacted] Accepted Rejected
I certify that the hauler stated above delivered the waste described in Section I to this Facility.

Date [redacted] Signature and Title [redacted]

E – GENERATOR COPY

Attachment B - Haledon facility

1. To the best of Allied's knowledge, information and belief, no.

2. N/A

3. N/A

4. N/A

5. Yes

   (1) The Carlstadt facility recovered methanol and phosphoric acid from a liquid stream generated during the mixing of pigments. Violet and magneta quinacridone pigments were mixed with 102-106% phosphoric acid and methanol and then quenched with water. The material was then filtered to remove the pigment, leaving the water, methanol and phosphoric acid (now about 15-25 percent strength) along with fine pigment particles. Scientific Chemical Processing returned the methanol to the Haledon plant and sold the phosphoric acid to fertilizer-producing operations, including Nutrient Plant Food located in Cranbury, New Jersey. Waste water from the distillation process was disposed into a sewer system at the facility.

   Allied has located two documents that provide estimates of the composition of the stream containing methanol and phosphoric acid. Copies of those documents are attached. The estimated waste stream compositions according to the documents are as follows:

   A)

25%	Phosphoric Acid
25%	Methanol
50%	Water

   B)

26.3%	Phosphoric Acid
25.2%	Methanol
46.0%	Water
2.5%	Methanol as Methyl Phosphate

   (2) The methanol/phosphoric acid was a liquid. Allied has one document that estimates a yearly processing volume of 552,000 gallons for 1975. Material is believed to have been processed at Carlstadt facility from August 1966 until January 1977 when Allied sold the Haledon facility to Harmon Colors Corporation.

   (3) The methanol/phosphoric acid was shipped in bulk via tank trucks. The specific shipment dates are unknown to Allied.

   (4) See attached documents.

6. See attached contract dated July 27, 1966 between National Aniline Division of Allied Chemical Corporation and Chemsol Division of Scientific Chemical Treatment ("SCT") Company. SCT apparently sold the Carlstadt facility to Scientific Chemical Processing ("SCP") basis an announcement dated January 12, 1971 (also attached).

7. Former Allied employees now employed at the Haledon plant which is now owned by Harmon Colors Corporation, a subsidiary of Mobay Corporation; former owner/operator, Mr. Herbert Case, of the SCP-Carlstadt facility.

8. Allied has no evidence that would enable it to respond to this question.

9. See answer to Question 8.

ALLIED CHEMICAL CORPORATION

MEMORANDUM

April 22, 1977

TO: File

RE: RECLAIM METHANOL AGREEMENT
HAWTHORNE, NEW JERSEY

Mr. Stevinson of our Law Department agreed that although Scientific Chemicals did not return an executed copy of the letter dated March 14, 1977, the fact that we have in our files a registered return receipt dated March 18, 1977 is sufficient evidence that they received the letter dated March 14, 1977.

T. N. Cirrone

TNC/dac

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, and 3 on the reverse.
- Moisten gummed ends and attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

MEHARRY, N.J. MAR 18 1977 PM

RETURN TO

563

ALLIED CHEMICAL CORP.
(Name of Sender)

P. O. BOX 2000 R
(Street or P.O. Box)

MORRISTOWN, N. J. 07960
(City, State, and ZIP Code)

PS Form 3811, Mar. 1976 — RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
- ☐ Show to whom and date delivered..... 15¢
- ☐ Show to whom, date, & address of delivery.. 35¢
- ☐ RESTRICTED DELIVERY. Show to whom and date delivered..... 65¢
- ☐ RESTRICTED DELIVERY. Show to whom, date, and address of delive.. 5¢

2. ARTICLE ADDRESSED TO:
Mr. W. C. Post Jr.
Rockstadt NJ 07672

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. 24452 | INSURED NO.
(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY 3-18-77 POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

☆ GPO: 1976—O-203-458

C-1476 (5-73)(C)

CERTIFIED MAIL CONTROL (U.S. ONLY
REGISTERED MAIL CONTROL (WORLD WIDE):

1. All information must be typewritten.
2. Prepare in Triplicate - Forward all copies to Mail Room with mail - Copy will be returned to sender as receipt.

From - Department: Purchasing Department

Sender: T. N. Cirrone
Allied Chemical Corporation

Date: 3/15/77

Addressee (Print or Type)

Mr. H.G. Case, Jr.
Scientific Chemicals Processing, INc.
216 Paterson Plank Road
Carlstadt, NJ 07072

Contents: Contract

Declared Value:

Return Receipt Requested	Yes	X	No	

RECEIVED - MAIL ROOM
BY

3/16/77

REGISTRATION/CERTIFICATION NO.

264650

March 14, 1977

Mr. H.G. Case, Jr.
Scientific Chemicals Processing, Inc.
216 Paterson Plank Road
Carlstadt, New Jersey 07072

SUBJECT: RECLAIMED METHANOL AGREEMENT
HAWTHORNE, NEW JERSEY

Dear Mr. Case:

Reference is made to that certain Agreement between our respective companies dated July 21, 1966, covering the reclamation of a waste product mixture which contains methanol, phosphoric acid, water, and contaminates for the Harmon Colors' Plant in Haledon, New Jersey.

In view of Allied Chemical's sale of the manufacturing facility at Haledon to Harmon Colors Corporation, an affiliate of Mobay Chemical Corporation, on January 17, 1977, and in as much as we no longer require the removal and processing of the methanol and phosphoric acid waste, Allied Chemical hereby gives notice of termination of subject Agreement, as to Allied Chemical, effective immediately. We further request that all future dealings be directly with Harmon Colors Corporation at the Haledon address. For your further information, Harmon Colors has been assigned our rights and has assumed our obligations under the 1966 agreement.

Please acknowledge receipt of this letter by signing the attached copy and returning it to the writer.

Very truly yours,

T. N. Cirrone
Purchasing Agent

Accepted:

SCIENTIFIC CHEMICALS
PROCESSING, INC.

By: _____

Title: _____

Date: _____

Allied Chemical

T. N. C.

MAR 10 1977

Purchasing Department
P.O. Box 2006R
Morristown, New Jersey 07960

March 9, 1977

Mr. H.G. Case, Jr.
Scientific Chemicals Processing, Inc.
216 Paterson Plank Road
Carlstadt, New Jersey 07072

SUBJECT: RECLAIMED METHANOL AGREEMENT
HAWTHORNE, NEW JERSEY

Dear Mr. Case:

Reference is made to that certain Agreement between our respective companies dated July 21, 1966, covering the reclamation of a waste product mixture which contains methanol, phosphoric acid, water, and contaminates for the Harmon Colors Plant in Haledon, New Jersey.

In view of Allied Chemical's sale of the manufacturing facility at Haledon to Harmon Colors Corporation, an affiliate of Mobay Chemical Corporation, on January 17, 1977, and in as much as we no longer require the removal and processing of the methanol and phosphoric acid waste, Allied Chemical hereby gives notice of termination of subject Agreement, as to Allied Chemical effective immediately. We further request that all future dealings be directly with Harmon Colors Corporation at the Haledon address. For your further information, Harmon Colors has been assigned our rights and has assumed our obligations under the 1966 agreement.

Please acknowledge receipt of this letter by signing the attached copy and returning it to the writer.

Very truly yours,

T.N. Cirrone
Purchasing Agent

Accepted:

SCIENTIFIC CHEMICALS
PROCESSING, INC.

By: _____

Title: _____

Date: _____

[redacted]

STANLEY R. STEVINSON

3/9/77

TOM:

Attached is redraft of letter to Scientific Chemicals Processing.

[redacted]

Stan

[redacted]